

# **Teaching Students Astronomy: Where in the heck is Earth anyway**

**Dates:** June 9<sup>th</sup> – June 13<sup>th</sup>

**Location:** Emery High School, Castle Dale, Utah (Science Wing)

**Credit:** USOE or Utah Valley State College

**Instructors:** TBA

**Course Contact Information:**

Duane Merrell,	801-422-2255	duane_merrell@byu.edu
Richard R. Tolman	801-863-6229	tolmanri@uvsc.edu

**Registration Fee and Deposit:**

\$275	Registration fee to:	Emery County School District
\$50	Deposit to:	Utah Valley State College

**Send registration form and deposit to:**

Richard R. Tolman, Ph.D.  
Professor of Biology  
224 Science Building, Mail Code 179  
Utah Valley State College  
800 West University Parkway  
Orem, UT 84058

**Registration Contact Information:** All course communication will be made thru the email address you provide.

**Course Description:**

The course will focus on learning and teaching Astronomy. This week long physics course will include inquiry style of learning with methods to reach and engage students in the study of Astronomy. Fabulous evening viewing opportunities occur throughout this course.



# 2008 Science Professional Development Registration Form

*(Duplicate as Necessary)*

Mail to:

Workshop Contact:

**Sessions fill on a first-come basis. Register early to secure your place.**

Workshop Title	Date	Location	Registration Fee
			\$ 275.00

**Contact Information:**

Teacher: \_\_\_\_\_  
District: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level/Subject: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
School phone: \_\_\_\_\_  
CACTUS # : \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Commitment to Attend & District Approval:**

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # \_\_\_\_\_ enclosed **OR**

☐ **SCHOOL** \_\_\_\_\_ **OR**  
Principal

☐ **DISTRICT** \_\_\_\_\_  
District Representative

*\*Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Return this completed registration form and your refundable deposit check to the above listed workshop contact.*

**A separate registration form must be submitted for each workshop you plan to attend.**